

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580208

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	3					
5	4					
6	5					
7	6					
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26	25					
27	26					
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29	28					
30	29					
31	30	2				
32	31					
33	32	2				
34	33	3				
35	34	3				
36	35	3				
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43	42	3				
44	43	3				
45	44	3				
46	45	3				
47	46	3				
48	47	3				
49	48	3				
50	49	3				
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						